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Dear Director of Pupil Personnel,

Our agency is a sponsor of family day care homes in your community. Providers participating in this program are classified for reimbursement purposes according to the percentage of free/reduced price students in the elementary school that serves their home. We must contact you, the authority, to collect the information we need to help determine the home's classification. At the bottom of this letter you will see an address of the family day care home provider. Please indicate the elementary school that serves the provider's address in the space provided and indicate the percentage of free and reduced in the school, as verified by the school food service director or other authority of this information.

Please feel free to fax this information (     ) \_\_\_\_ - \_\_\_\_\_ or return in the stamped envelope we have provided for you.

We appreciate your assistance.

Sincerely,

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Provider Address

Elementary School

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\*Percentage of Free and Reduced

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\_\_\_\_\_ %

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Director of Pupil Personnel Signature

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Date

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Director of Food Service

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Date